View metadata, citation and similar papers at core.ac.uk
brought to you by CORE
provided by Elsevier - Publisher Connector

* Abbreviations: LN, lymph node; Lt, left; Rt, right; OPN, open partial nephrectomy; ORN, open radical nephrectomy; lapa., laparoscopic ; NED, no evidence of disease; AML, angiomyolipoma; RSG, radical subtotal gastrectomy

Conclusion: Among these 9 cases, 2 cases (22.2%) had distant metastases and ominent outcome. 3 cases with symptoms (flank pain, palpable mass, body weight loss) were all diagnosed as malignant epithelioid AML, indicating symptomatic renal tumor may need to be managed more cautiously as potential malignancies.

NDP03:
EXPLORE THE CHARACTERISTICS OF BLADDER FUNCTION OF THE PATIENTS WITH PELVIC ORGAN MALIGNANCY

Chian-Shiung Lin [1,2], Chih-Cheng Lu [1], Chia-Ho Lin [1], Eric W. Fan [1], Tse-Chou Cheng [1]. [1] *Divisions of Urology, Department of Surgery, Chi Mei Medical Center, Liouying, Tainan City, Taiwan;* [2] *Min-Hwei Junior College of Health Care Management, Tainan City, Taiwan*

Purpose: The primary function of urinary bladder is for urine storage and voiding. Pelvic organ malignancy may deteriorate the originally normal bladder function via either neurogenic or myogenic way. The aim of this study is to compare urodynamic bladder dysfunction among the patients with different pelvic organ malignancies.
Materials and Methods: From January 2010 to June 2015, there were 640 patients eligible for urodynamic analysis. Patients were stratified into 3 groups based on cancer origins (prostate, bladder, and colorectum). The data including gender, age, clinical tumor staging, lower urinary tract symptoms or acute urinary retention, and the parameter values of urodynamic studies were compared among groups. SPSS 17.0.1 for Windows and Microsoft Office Excel 2007 were used for all statistical analysis.
Results: Pelvic organ malignancies included prostatic (40.9%), bladder (33.5%), and colorectal (25.6%) origin. Age ranged from 39 to 95 years (mean 72.93 ± 9.08 years). In uroflowmetry (525 cases), the mean ± -standard deviation of maximal urine flow rate was significant lower in prostatic group (11.49 ± 5.53 ml/sec). In cystometrogram (115 cases), the first desire was more sensitive in bladder group (85.52 ± 49.78 ml); the cystometric capacity was obvious decreased in prostatic group (161.50 ± 94.29 ml); the maximum voiding pressure and compliance were significant lower in colorectal group (64.58 ± 50.09 cmH_2O).
Conclusions: Patients having pelvic organ malignancies may suffer from urination dysfunction. Urinary flow rate obvious decreased in prostate group, more hypersensitive bladder was found in bladder group and bladder dysfunction was poor in colorectal group. The physicians are encouraged to be aware of these urinary complications in patient with pelvic organ oncology.

NDP04:
THE PATTERN OF CALCIFICATION CAN PREDICT THE TYPE OF MALIGNANCY IN UPPER URINARY TRACT

Li-Hua Huang [1], Chuan-Shu Chen [2], Yen-Chuan Ou [2]. [1] *Divisions of Urology, Department of Surgery, Tungs' Taichung MetroHarbor Hospital, Taichung, Taiwan;* [2] *Divisions of Urology, Department of Surgery, Taichung Veterans General Hospital, Taichung, Taiwan*

Purpose: In upper urinary tract (UUT), squamous cell carcinoma(SCC) and urothelial carcinoma (UC) are two different disease in its etiology, incidence and prognosis. I contrast to UC, the development SCC is believed to be more related to chronic inflammation of urothelial epithelium secondary to renal calculi. In this study, we investigated the relationship between calcification pattern and squamous neoplasm in upper urinary tract.
Materials and Methods: The study was approved by institutional review board. From 2000 to 2007, there are 373 patients with localized upper urinary tract malignancy receiving radical nephroureterectomy with bladder cuff excision (RNU) at Taichung Veterans General Hospital. Only patients having UC, UC with squamous differentiation (SqD) and SCC were enrolled. These patients' clinical and pathologic data were retrospectively reviewed. The calcification pattern in tumors was analyzed by computer tomography(CT). Among these, 62 patients' preoperative CT films were lost and they were excluded from the study. Finally, there were 232 pure UC, 24 UC with SqD and 9 pure SCC(2.7%) patients. The differences of calcification pattern were analyzed by Fisher's exact test and chi- square test (Categorical variables). Continuous variables were asscssed by Mann-Whitney-U (two categories) and Kruskal-Wallis tests (three categories)
Results: Computer tomography shows the rates of calcification change are 7.8% (18/232), 25.0% (6/24) and 55.6% (5/9) in UC, SqD and SCC, respectively. In SCC, the calcification tends to be bigger, and more numerous. In addition, all SCC patients had multifocal distribution of calcification while SqD and UC patients often had single calcification.
Conclusions: We can predict the type of tumor in upper urinary tract according to the calcification pattern at CT. When CT revealed multiple, dispersive and bigger calcification in the tumor, squamous cell carcinoma should be considered and the surgical field should be more extended.

NDP05:
VARIATIONS OF CLINICAL PRACTICE GUIDELINES BETWEEN CHINA AND TAIWAN IN ROBOT-ASSISTED LAPAROSCOPIC RADICAL PROSTATECTOMY

Chih-Cheng Lu, Wen-Chou Fan. *Division of Urology, Department of Surgery, Chi Mei Medical Center, Liouying, Tainan, Taiwan*

Purpose: To explore the role of robot-assisted Laparoscopic radical prostatectomy (RALP) from the documented clinical practice guidelines (CPGs) between China and Taiwan.
Materials and Methods: The printed and online materials in guidelines for PCa from China and Taiwan were analyzed. We focused on the RALP treatment for PCa.
Results: The online guidelines for PCa by Chinese Urological Association (CUA) were available in 2011(since 2007 as the first version). Taiwanese first version was available by Taiwan Cooperation Oncology Group (TCOG) PCa practice guidelines in 1999, the second edition in 2003, and the third edition in 2010. Normal range of prostate specific antigen (PSA) is defined from Chinese people data with age specific consideration in CUA, but not in TCOG. PCa Staging by AJCC 2002 is noted in CUA but by AJCC 2010 (the seventh edition) in TCOG. In treatment, RALP takes the advantage of less blood loss and blood transfusion rate compared with traditional approach in both CPGs. Some significant improvement in postoperative urinary control compared with traditional approach in TCOG but no conclusions in CUA. Better outcome in sexual function from RALP in TCOG but not in CUA. High installment cost is mentioned in both CPGs. No Definite evidence-based level of evidence or grade of recommendation is mentioned in both CPGs.
Conclusion: There are differences in staging system, merits of RALP treatment between China and Taiwan in CPGs. Also this limited study could do some help for the revision of the CPG in Taiwan. Asian urologists and oncologists are suggested to realize the differences at managing prostate cancer patients.

NDP06:
INFLAMMATORY MYOFIBROBLASTIC TUMOR OF URINARY BLADDER IN A PATIENT WITH HUMAN IMMUNODEFICIENCY VIRUS – A RARE CASE REPORT AND LITERATUR REVIEW

Wei-Jen Chen [1], Chih-Chieh Lin [1,2,3], Alex T.L. Lin [1,2,3], Kuang-Kuo Chen [1,2,3]. [1] *Department of Urology, Taipei Veterans General Hospital, Taiwan;* [2] *Department of Urology, School of Medicine, National Yang-Ming University, Taiwan;* [3] *Shu-Tien Urological Science Research Center, Taiwan*

Purpose: Inflammatory myofibroblastic tumor (IMT) is a rare tumor with a generally indolent, but sometimes aggressive behavior. It had been described in major organs. The first case of IMT of the bladder was reported in 1980. Until recent 15 years, IMT have gained a distinct entity with established characteristic features in pathological diagnosis. Reported literatures are limited in case report and case series. A systemic review article published in 2014 presented a total of 182 patients with IMT in urinary bladder. However, there is no related literature in patient with human immunodeficiency virus (HIV). Here, we report a HIV patient with IMT of the urinary bladder and discuss its clinical presentation, diagnosis and management.
Materials and Methods: A 45 year-old HIV infected man, came to our outpatient department due to painless gross hematuria with repeated

urine retention for 3 months, anemia, and body weight loss 9 kgs. Except HIV infection, he had no other systemic disease. Due to detectable HIV viral load, the operation was delayed before visiting us. CT scan was done two months ago, revealing a 5 cm, round, heterogenous enhancement tumor, without lymphadenopathy. In our institute, transurethral resection of the bladder tumor (TURBT) was soon arranged after confirming his HIV viral load was undetectable. A large, broad-based, non-papillary tumor grew from bladder posterior wall was confirmed during the operation. However, the tumor size was much larger then 5 cm, which showed on the CT scan 2 months ago, and the total resected specimen was finally estimated to be 680 gm. After the operation, patient's recovery was smooth, and he was discharged on post-operative day 7. Final pathology report revealed inflammatory myofibroblastic tumor. There's no muscle invasion. Due to large broad-based tumor, and prolonged operation time with possible incomplete resection during 1st TURBT, 2nd-look TURBT was arranged one month later, and residual 35gm tumor was resected. The pathology report was the same.

Conclusion: IMT is a rare tumor, and had been variously named before, such as inflammatory pseudotumor, plasma cell granuloma, atypical myofibroblastic tumor, and atypical fibromyxoid tumor. The pathogenesis of IMT remains obscure, with possible etiologies including autoimmune disease and infectious organisms. Controversy still exists that thether IMT is a truly neoplastic process, since its clinical course is generally indolent after surgical resection. Report showed local recurrence rate about 10%. No distant metastasis had been reported currently. Image findings are nonspecific and histologic confirmation is essential. The diagnosis should be differentiated from sarcomatoid carcinoma and leiomyosarcoma.

IMT had been reported in lung, liver, spleen, testis, larynx, small bowel, CNS, lymph nodes, soft tissue of HIV/AIDS patients. To our best knowledge, this is the first case report of bladder IMT in an HIV patient. Some author suggested that IMT may be related to immune reconstitution inflammatory syndrome (IRIS) in HIV-infected patients receiving HAART, which is an augmentation of inflammation that can occur during immune reconstitution in an immunocompromised host. However, due to rarity of the cases, whether the incidence of IMT is higher in HIV patients is unclear.

In conclusion, IMT is a tumor with borderline malignancy. Complete surgical resection is important to avoid possible local recurrence. For bladder IMT, TURBT is adequate according to literature. Close follow-up is required.

NDP07:

HUGE LEFT CLEAR CELL RENAL CELL CARCINOMA PRESENT AS RIGHT HUMERAL PATHOLOGIC FRACTURE WITH PREDOMINANT SARCOMATOID CHANGE: A CASE AND LITERATURE REVIEW

Kai-Sheng Chan [1,2], Chi-Hao Hsiao [1,2], Chia Lang Fang [1,2], Liang-Ming Lee [1,2]. [1] *Department of Urology, Wan Fang Hospital, Taipei Medical University, Taipei, Taiwan;* [2] *Department of Pathology, Wan Fang Hospital, Taipei Medical University, Taipei, Taiwan*

A 83 year old male presented to ER with progressive right arm pain for 1 month. Further image survey revealed osteolytic lesion of right humerus suspecting pathologic fracture. Whole body CT scan showed a tumor 15.7 cm x 12.6 cm with central necrosis at lower pole at left kidney suspecting renal cell carcinoma. Later surgery of ORIF revealed pathology of bone as metastatic renal sarcomatoid carcinoma. After surgery of open left radical nephrectomy, pathology report showed left clear cell renal cell carcinoma with no regional lymph node involvement, and sarcomatoid feature < 5%, pStage IV pT3aN0M1. The composition of sarcomatoid feature was described as a final common dedifferentiation pathway, caused by extensive chromosomal rearrangement, which does not represent a distinct subtype entity, but rather used to predict a worse prognosis than those without sarcomatoid differentiation. In addition, recent studies showed that a cutoff of greater or equal than 25% of sarcomatoid component represent significant predictor for worse prognosis. As a result, the treatment strategy designed for our patient was based on 2014 NCCN Guideline for Stage IV clear cell renal tumor; and Pazopanib was chosen over Sunitinib for better quality of life, with mainly less side effects of fatigue, hand-foot syndrome and mucosal inflammation.

NDP08:

RENAL SURGERY EXPERIENCE IN CHANG BING SHOW CHWAN MEMORIAL HOSPITAL ALMOST ONE YEAR

Yuan-Tien Ting [1,2], Jungle Chi-Hsiang Wu [1,2], Cheng-Kuang Yang [3]. [1] *Department of Urology, Division of Urology, Chang Bing Show Chwan Memorial Hospital, Taiwan;* [2] *Department of Surgery, Chang Bing Show Chwan Memorial Hospital, Taiwan;* [3] *Taichung Veterans General Hospital, Taiwan*

Purpose: renal surgery experience in Chang Bing Show Chwan Memorial Hospital from 2014 Oct. to 2015 Oct.

Materials and Methods: the renal surgery including laparoscopic partial nephrectomy, laparoscopic radical nephrectomy, open radical nephrectomy, open partial nephrectomy, laparoscopic nephrouretectomy, total 10 cases from Oct.2014 to Oct. 2015.

Results: male and female ratio is 6:4, renal cell carcinoma (6 cases), urothelial carcinoma (1 case), angiomyolipoma (1 case), atrophy kidney (1 case), renal cyst (1 case), average hospital stay are 6.5days, no surgical complication.

Conclusions: There are various indications for this procedure, such as renal cell carcinoma, a non- functioning kidney, urothelial carcinoma. Partial nephrectomy can preserve much normal kidney, minimal invasive surgery can provide patient rapid recovery.

NDP09:

SPERMATOCYTIC SEMINOMA: A CASE REPORT WITH LITERATURE REVIEW

Haoping Tai [1,2], Jow-Yu Sheu [1,2], Min-Che Tung [1,2], Jue-Hawn Yin [1,2], Tang-Yi Tsao [3]. [1] *Division of Urology, Tungs' Taichung MetroHarbor Hospital, Taichung, Taiwan;* [2] *Department of Surgery, Tungs' Taichung MetroHarbor Hospital, Taichung, Taiwan;* [3] *Department of Pathology, Tungs' Taichung MetroHarbor Hospital, Taichung, Taiwan*

Spermatocytic seminoma is a uncommon subtype of testicular germ cell tumor and comprised 1.1% of all seminoma and the age standardized incidence rate was 0.4 per million. Age at diagnosis ranged from 19 to 92 years with a mean of 53.5 years. Spermatocytic seminoma is a testicular neoplasm which presents as a slow growing mass with or without pain. It arises more commonly in the right testis, and serum tumor markers are always negative. Metastasis is extremely rare, so surveillance alone is sufficient postoperative management.

A 54-year-old patient visited our urology clinic due to a palpable right testicular mass with mild soreness for 3 days. Scrotal echo showed a 1.6 cm hypervascular mass at the upper pole of right testis. Magnetic resonance imaging revealed right testicular tumor with suspicious involvement of tunica albuginea. Serum alpha fetoprotein and beta HCG levels were normal. Preoperative abdominal CT scan demonstrated no inguinal, pelvic or paraaortic lymphadenopathy.

He was admitted for right radical orchiectomy and pathology confirmed spermatocytic seminoma (pT1). He recovered uneventfully and was discharged home 2 days after operation. We report the rare case and review the literature of spermatocytic seminoma.

NDP10:

DIFFUSE LARGE B CELL LYMPHOMA IN URINARY BLADDER

Chiao-Ching Li [1,2], Chun-Feng Chang [1,2], Lung-Hsiang Cho [1,2], Chiang-Ting Wang [1], Chiang-Ting Wang [1], Yi-Hsien Wu [1], Ying-Jui Ni [1]. [1] *Division of urology, Department of Surgery, Kaohsiung Armed Forced General Hospital, Taiwan;* [2] *Division of urology, Department of Surgery, Tri-Service Genereal Hospital, Taiwan*

We reported the case that a 58-year-old woman presented with dysuria and urinary frequency off and on for 2 weeks. She was a cleaner of gas station for 8 years and had history of hypertension and old cerebrovascular accident without medication before. Besides, she had no habit of smoking. She came to our emergency room for treatment. Initially, pyuria(White blood count:>100 high power field(HPF), red blood cell: 2-5 HPF, Sp.gr:1.007, nitrite: negative, leukocyte ersterase: +/-) were found. In addition, the